

**DECLARATION FOR UTILITY OR
 DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	5007260-2
First Named Inventor	CLARIDGGE, Bo T.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Even Date Herewith
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF POINT OF SALE INVESTMENT

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	021129	OR <input type="checkbox"/>	Correspondence address below
Name					
Address					
City		State	ZIP		
Country		Telephone	Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Bo T	Family Name or Surname	Claridge	
Inventor's Signature		Date 2/5/02			
Residence: City	Kansas City	State	MO	Country	USA
Mailing Address 35 East 62nd Terrace					
City	Kansas City	State	MO	ZIP	64113
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Damon Cash	Family Name or Surname	Claridge	
Inventor's Signature		Date			
Residence: City		State		Country	USA
Mailing Address					
City		State		ZIP	Country USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

[Page 2 of 2]

If this Declaration becomes separated from its file, please contact the Spencer Fane IP Group at 816-474-8100

Spencer Fane Britt & Browne, LLP
1000 Walnut Street, Suite 1400
Kansas City, MO 64106
United States of America

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

Attorney Docket Number	5007260-2
First Named Inventor	CLARIDGGE, Bo T.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Even Date Herewith
Art Unit	
Examiner Name	

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METHOD OF POINT OF SALE INVESTMENT

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) [redacted]

as United States Application Number or PCT International

Application Number [redacted]

and was amended on (MM/DD/YYYY) [redacted]

(if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label 021128 OR Correspondence address below

Name _____

Address _____

City _____

State _____

ZIP _____

Country _____

Telephone _____

Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name
(First and middle [if any])

Bo T.

Family Name
or Surname

Claridge

Inventor's
Signature

Date

Residence: City	Kansas City	State	MO	Country	USA	Citizenship	USA
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Mailing Address 35 East 62nd Terrace

City	Kansas City	State	MO	ZIP	64113	Country	USA
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NAME OF SECOND INVENTOR : A petition has been filed for this unsigned inventor

Given Name
(First and middle [if any])

Damon Cash

Family Name
or Surname

Claridge

Inventor's
Signature

Date 1/31/02

Residence: City	Superior	State	CO	Country	USA	Citizenship	USA
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Mailing Address 3555 Castle Peak Ave

City	Superior	State	CO	ZIP	Country	USA
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Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

If this Declaration becomes separated from its file, please contact the Spencer Fane IP Group at 816-474-8100

Please type a plus sign (+) inside this box →

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Even Date Herewith
First Named Inventor	CLARIDGE, Bo T.
Title	Method of Point of Sale Investment
Group Art Unit	
Examiner Name	
Attorney Docket Number	5007260-2

I hereby appoint:

Practitioners at Customer Number

21129

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Bo T. Claridge

Signature

Date

2/5/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

Please type a plus sign (+) inside this box →

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Evan Date Herewith
First Named Inventor	CLARIDGE, Bo T.
Title	Method of Point of Sale Investment
Group Art Unit	
Examiner Name	
Attorney Docket Number	5007260-2

I hereby appoint:

Practitioners at Customer Number

21129

Place Customer
Number Bar Code
Label here

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The above-mentioned Customer Number.

OR

Practitioners at Customer Number

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Number Bar Code
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OR

Firm or
Individual Name

Address

Address

City

Country

Telephone

State

Zip

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Damon Cash Claridge

Signature

Date

1/31/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

(B) Total of 2 forms are submitted.